Management of Health Records

729.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a uniform manner of maintaining the active inmate health records for easy accessibility during clinical treatment, and the storage methods for inactive health records. This policy also recommends practices that will ensure the confidentiality of health record information by separating it from custody records.

729.1.1 DEFINITIONS

Definitions related to this policy include:

Protected health information - Information that relates to the inmate's past, present or future physical or mental health or condition, the provision of medical care to the inmate, or the past, present or future payment for the provision of health care to the inmate (45 CFR 160.103).

729.2 POLICY

It is the policy of this office to maintain the confidentiality of inmates' protected health information. Inmate health records will be maintained separately from custody records and under secure conditions, in compliance with all local, state and federal requirements.

The contract medical provider or the authorized designee will establish standardized facility procedures for recording information in the file and for the control and access to inmate health records. Inmate workers shall not have any access to inmate health records.

729.3 INITIATING A HEALTH RECORD

Following the initial medical screening process, the qualified health care professional shall initiate a health record for each inmate. The contract medical provider shall be responsible for developing and implementing procedures for standardized record formatting.

729.4 CONFIDENTIALITY OF INMATE HEALTH RECORDS

Information regarding an inmate's health status is confidential. Active health records shall be maintained separately from custody records. Access to an inmate's health record shall be in accordance with state and federal law (Health Insurance Portability and Accountability Act (HIPAA) of 1996 Public Law 104-191 and the implementing regulations).

The inmate's protected health information may be disclosed, with the inmate's written authorization, to any person so designated. A fully completed authorization for release and/or a disclosure of protected health information form shall be required prior to disclosure based upon informed consent.

The inmate's protected health information may be disclosed by the qualified health care professional without the inmate's authorization under certain circumstances and when approved by the contract medical provider or the authorized designee. Those circumstances include:

Copyright Lexipol, LLC 2023/01/17, All Rights Reserved.
Published with permission by Thurston County Sheriff's Office

(a) To known qualified health care professionals who are members of the health care team responsible for the inmate's care.

(b) To custody staff regarding inmates as reasonably necessary to protect the safety, security and good order of the facility. Examples may include information that the inmate may be:

1. Suicidal.
2. Homicidal.
3. A clear custodial risk.
4. A clear danger of injury to self or others.
5. Gravely disabled.
6. Receiving psychotropic medications.
7. A communicable disease risk.
8. In need of special housing.

(c) To the local public health officer when an inmate is part of a communicable disease investigation.

(d) Pursuant to a court order or valid subpoena duces tecum, accompanied by a satisfactory assurance that the inmate has been given notice and an opportunity to file an objection or efforts have been made to secure a protective order as required under HIPAA (45 CFR 164.512).

(e) To a law enforcement officer for purposes of a criminal investigation, to avert a serious threat to the health or safety of any person or to fulfill mandatory reporting requirements.

(f) To a law enforcement officer when the inmate has died as a result of criminal conduct.

The inmate's limited protected health information may also be disclosed to a law enforcement officer for purposes of identifying or locating a suspect or when the inmate is a victim of a crime. When reasonably possible, the approval of the Chief Deputy of Corrections should be obtained prior to disclosure.

Attorneys requesting health record information regarding an inmate should be advised that authorization for release and/or disclosure of medical information form or an attorney release form signed by the inmate is required.

Family members may be informed of the inmate's custody status and whether the inmate is receiving medical care. Family members requesting additional information must provide proper authorization for release and/or disclosure of medical information form.

The Chief Deputy of Corrections, in consultation with the contract medical provider, shall designate personnel who will be responsible for reviewing all requests for access to medical records and

Copyright Lexipol, LLC 2023/01/17, All Rights Reserved.
Published with permission by Thurston County Sheriff's Office

who will propose related policies and procedures and other activities designed to facilitate proper documentation of health care and access to records.

729.5 HEALTH RECORD CONTENTS

(a) To standardize record keeping and to identify responsibilities, the following should apply to inmate health records:

1. The qualified health care professional or the authorized designee should be responsible for ensuring that all required information and forms are included in the medical records. There should also be a periodic informal review as described in the Continuous Quality Improvement Policy.
2. The qualified health care professional or the authorized designee should be responsible for ensuring incoming written findings and recommendations are returned with the inmate from any off-site visit and filed in the inmate’s medical record.

(b) Inmate health records shall minimally contain, but are not limited to:

1. Identifying information (e.g., inmate name, identification number, date of birth, sex) on each sheet in the file.
2. A completed inmate medical/mental health screening form.
3. Health appraisal information and data forms.
4. Complaints of illness or injury.
5. A problem summary, containing medical and mental health diagnoses and treatments as well as known allergies.
6. Immunization records.
7. Progress notes of all significant findings, diagnoses, treatments and dispositions.
8. Clinician orders for prescribed and administered medications.
9. X-ray and laboratory reports and diagnostic studies.
10. A record of the date, time and place of each clinical encounter with inmates.
11. Health service reports.
12. Individualized treatment plans when available or required.
13. Consent and refusal forms.
14. Release of information authorization forms (including HIPAA forms).
15. Results of specialty consultations and off-site referrals.

Copyright Lexipol, LLC 2023/01/17, All Rights Reserved.
Published with permission by Thurston County Sheriff's Office

16. Special needs treatment plans, if applicable.

729.6 ACTIVE INMATE HEALTH RECORDS

Active inmate health records will be accessible to qualified health care professionals as necessary for the provision of medical treatment and other uses allowed by law or the Chief Deputy of Corrections or the authorized designee, under exigent circumstances, to protect the safety, security and good order of the facility.

All entries in the inmate health record will have the place, date, time, signature and title of each individual providing care and should be legible.

Documentation in the inmate health record is done in the subjective, objective, assessment and plan (SOAP) format. An inmate health record is initiated at the first health encounter following the initial medical screening.

If an inmate has been previously incarcerated, the previous health record should be reactivated. If a new record has been initiated and a previous record exists, medical records personnel should merge the two records in order to compile a complete history, unless mandated statutory retention schedules have provided for the destruction of one file and there is a need to create a new file.

New information shall be entered on the health record at the completion of each encounter. All inmate health records shall be returned to the file prior to the end of each watch.

729.7 INACTIVE MEDICAL RECORDS

When an inmate is released from custody, medical records personnel should remove the inmate’s health record from the active file.

The health record should be reviewed for completeness. Any loose documents should be filed according to the established health record format.

The health record should be securely stored in the area designated for inactive inmate health records, in accordance with established records retention schedules. Adult records and juvenile records may have different jurisdictional retention requirements.

Inactive inmate medical records may be stored off-site. Health record information from inactive files may be transmitted to specific and designated physicians or medical facilities upon the written request or authorization of the inmate.

729.8 ELECTRONIC MEDICAL RECORDS

If medical records are maintained in an electronic format, the system should be structured with redundancies to ensure the records will survive any system failure.

729.9 HIPAA COMPLIANCE

The Chief Deputy of Corrections, in consultation with the contract medical provider, shall ensure that a health record protection and disclosure compliance plan conforming to the requirements of

Copyright Lexipol, LLC 2023/01/17, All Rights Reserved.
Published with permission by Thurston County Sheriff's Office

HIPAA is prepared and maintained. The plan should detail all necessary procedures for security and review of the access and disclosure of protected health information.

At a minimum, the plan will include:

- Assignment of a HIPAA compliance officer, who is trained in HIPAA compliance and will be responsible for maintaining procedures for and enforcing HIPAA requirements, including receiving and documenting complaints about breaches of privacy.
- Ongoing training on HIPAA requirements, depending on the level of access the member has to protected health information.
- Administrative, physical, and technical safeguards to protect the privacy of protected health information.
- Procedures for the permitted or required use of disclosure of protected health information and the mitigation of harm caused by improper use or disclosure.
- Protocol to ensure privacy policies and procedures, any privacy practice notices, disposition of any complaints, and other actions, activities, and designations required to be documented, is maintained for at least six years after the date of creation or last effective date, whichever is later.

Copyright Lexipol, LLC 2023/01/17, All Rights Reserved.
Published with permission by Thurston County Sheriff's Office